

# Elbasvir / Grazoprevir (ZEPATIER) Criteria for Use Updated June 2024

VA Pharmacy Benefits Management Services and National Formulary Committee

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

## Exclusion Criteria

**If the answer to ANY item below is met, then the patient should NOT receive elbasvir / grazoprevir (EBR/GZR)**

- Limited life expectancy
- Documented ongoing nonadherence to prescribed medications or medical treatment
- Concurrent use of drugs not recommended with EBR/GZR (e.g., rifamycins, strong CYP3A inducers, cobicistat, cyclosporine, boosted HIV protease inhibitors, efavirenz) Recommend full drug-drug interaction check.<sup>1</sup>
- Severe hepatic impairment (Child-Pugh B/C or history of hepatic decompensation)
- Prior hepatitis C virus (HCV) treatment failure to a non-structural protein 5A (NS5A) inhibitor containing regimen
- Hepatitis B surface antigen (HBsAg) positive and not on antiviral treatment with entecavir or tenofovir

## Inclusion Criteria

**All of the following criteria must be met to receive EBR/GZR**

- Care is provided by and/or in consultation with an VA/VA Community Care Hepatitis C Specialist
- Genotype (GT) 1 or 4, treatment naïve, with or without compensated cirrhosis
- Treatment regimen and duration consistent with HCV genotype (GT) and patient characteristics (see VA HCV Treatment Considerations)<sup>2</sup>
- Completed hepatitis B screening: at minimum HBsAg, HBV core antibody(anti-HBc) and HBV surface antibody(anti-HBs)
- Adherence counseling performed including laboratory follow-up and documented understanding by patient

## Supplemental Information

<sup>1</sup>See product labeling, VA HCV Treatment considerations or Liverpool HEP drug interaction checker for complete list of drug-drug interactions

<sup>2</sup>Recommended regimen based on genotype, prior treatment, presence comorbidities (e.g., HIV or post-transplant) should use VA Hepatitis C Treatment considerations ([Hepatitis C Treatment Considerations - Viral Hepatitis and Liver Disease \(va.gov\)](#)) or IDSA/AASLD Guidelines (<https://www.hcvguidelines.org>)